



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Center • Bland Bryant Building

55 Wade Avenue • Catonsville, Maryland 21228-4663

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Re: State Licensure for a Surgical Abortion Facility

Dear Administrator:

We have received your request for State Licensure for the Surgical Abortion Facility Program. The following procedures must be followed to participate in the Surgical Abortion Facility Program:

1. Submit Surgical Abortion Facility policies and procedures.
2. Submit a written description of its quality assurance program.
3. To obtain a copy of the regulations you may do one of the following:
 - a. Visit the Division of State Documents website at www.dsd.state.md.us
 - b. Call the Division of State Documents at 410-974-2486 ext. 3876 or 800-633-6957 ext. 3876
 - c. Visit your local library (Click this link to find the closest location) www.dsd.state.md.us/Depositories.aspx
Please request COMAR 10.12.01., Surgical Abortion Facility regulations.
4. Complete the State application for the Surgical Abortion Facility. All incomplete applications may be returned.
5. Mail the above items to the Office of Health Care Quality and a non-refundable application fee of \$1,500.00 made payable to the Department of Health & Mental Hygiene.

To: Barbara Fagan, Program Manager
Office of Health Care Quality
55 Wade Avenue
Bland Bryant Building
Catonsville, MD 21228

6. Once all the completed forms are received, an agency representative will contact your program to schedule a date for initial State licensure inspections. A State license will be issued based on the results of the on-site inspection.

If there are any questions concerning these instructions, you may contact Verlean Connor at (410) 402-8040.

Sincerely,

Barbara Fagan, Program Manager
Office of Health Care Quality

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY
BLAND BRYANT BUILDING
55 WADE AVENUE
BALTIMORE, MARYLAND 21228

Application for License to Operate a Surgical Abortion Facility (COMAR 10.12.01)

Official name of agency:

Trading name d/b/a:

Agency address:

Mailing Address (If different from above):

Telephone Number: _____ FAX number: _____

Agency e-mail address: _____

Days and Hours of Operation:

If business hours vary per days during the week, please specify: _____

Identify the days and hours the office manager is on-site: _____

Days OR is used: _____

Number of operating/procedure rooms: _____

Back up generator: _____ Yes _____ No

Accredited: Yes/No Accrediting Agency: _____

Date of accreditation: _____

If yes to this question please send a copy of the accreditation status letter to the Office of Health Care Quality.

Identify All Major Medical Equipment Utilized in the Surgical Abortion Facility:

| | |
|---|-----------------|
| _____ Cardiac Catheterization Equipment | How many: _____ |
| _____ Computer Tomography Equipment | How many: _____ |
| _____ Lithotripter | How many: _____ |
| _____ Radiation Therapy Equipment | How many: _____ |
| _____ Magnetic Resonance Imager | How many: _____ |

Type of ownership: ☐ Sole ownership
 ☐ Partnership
 ☐ Corporation

If the applicant is a corporation or partnership, list names of individuals holding 2% or more ownership.

Officers: _____

Name of Administrator: _____

Name of Medical Director: _____

Signature of Applicant: _____

Date of Application: _____

The application fee of \$1,500.00 is non-refundable. Please make check or money order payable to the Department of Health and Mental Hygiene. Please mail application and fee to:

THE OFFICE OF HEALTH CARE QUALITY
AMBULATORY CARE UNIT
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

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